MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
OFFICE OF DRUG CONTROL POLICY

TREATMENT POLICY - 05

Subject: Enrollment Criteria For Methadone Maintenance And Detoxification Program
Effective Date: September 1, 2003
Revised: August 2005, revision effective October 1, 2005

The following applies to methadone as a pharmacological support in Opioid Treatment Programs (OTPs) certified by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). This policy applies to Medicaid, Adult Benefit Waiver, and Community Grant funded treatment services with methadone as a pharmacological support. The term "beneficiary" can be interchanged with client/individual for non-Medicaid clients. Medicaid specific services are so identified in the documents.

An OTP using methadone for the treatment of opioid dependency must be:

1) licensed by the state as a methadone provider,
2) accredited by CARF, the Council on Accreditation (COA) or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO),
3) certified by the SAMHSA as an OTP and
4) licensed by the Drug Enforcement Administration (DEA).

Compliance with state administrative rules and federal regulations is required as well. These requirements are not listed in this document and are not replaced or reduced by these enrollment criteria.

PIHPs may delegate responsibility for managing the Medicaid services to a designated substance abuse Coordinating Agency. Delegation to any other entity requires MDCH written advance approval.

Methadone Services as an Approved Pharmacological Support

Methadone is a medication with three major effects:

1) prevention of withdrawal symptoms
2) prevention of opioid cravings and
3) blocking the euphoric effects of opioid drugs.

Methadone is designed to address these physiological problems as an adjunct to counseling and/or other substance abuse treatment.

The Medicaid medical necessity requirement (see Medicaid Managed Specialty Supports and Services Contract, Attachment P3.2.1, Medical Necessity Criteria) shall be used for all funded

clients to determine medical necessity for methadone as an adjunct to substance abuse treatment. The Medicaid-covered services for methadone are listed below and apply equally to all other funded clients:

- the provision and administration of methadone
- nursing services
- physician encounters
- physical examinations
- laboratory tests, including toxicology screening
- physician ordered TB skin tests.

The American Society of Addiction Medicine (ASAM) Level of Care (LOC) indicated for beneficiaries receiving methadone is usually outpatient. Outpatient services should be conducted by the OTP that is providing the methadone. This will provide same site coordination of substance abuse treatment. When the ASAM LOC is not outpatient or when a specialized service, such as a women's specific program, is needed, separate service locations for OTP methadone dosing and other substance abuse treatment are acceptable.

In cases such as in rural areas where the logistics of travel make it optimal for the OTP beneficiary to receive counseling services and toxicology screens at a local outpatient program, this may be done as long as the OTP dispensing the methadone and the other provider coordinate the beneficiary' care. If methadone is to be dispensed offsite of the OTP, off-site dosing must be in compliance with the current MDCH/ODCP Off-Site Dosing Policy found at: http://www.michigan.gov/documents/Treatment_Policy_04_Off-Site_Dosing_130437_7.doc**.**

Clarification of Substance Abuse Treatment with Methadone in Beneficiaries with Prior or Existing Pain Issues

All persons assessed for substance abuse treatment must be assessed using the American Society of Addiction Medicine patient placement criteria and the current Diagnostic and Statistical Manual (DSM). In the case of opioid addiction, pseudoaddiction should also be ruled out. Tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not synonymous with addiction. The following definitions from the "Michigan Guidelines for the Use of Controlled Substances for the Treatment of Pain" should be consulted to assist in determining when substance abuse treatment is appropriate. The guidelines can be found at http://www.michigan.gov/mdch/0,1607,7-132-27417_27648_29876_29878-91812--,00.html.

Opioid Treatment Programs (OTPs) are substance abuse treatment programs; they are not pain clinics nor should OTPs treat pain. In some cases, primary care and other doctors may misunderstand the scope of the OTP and refer beneficiaries to the OTP for pain control. Methadone use solely for pain control, and not for treatment of addiction to opioid drugs, is managed by the beneficiary's primary care physician (PCP) or Managed Care Organization (MCO). This does not preclude the treatment by an OTP of a beneficiary who needs substance abuse treatment for opioid dependency and who is also a pain patient.

Beneficiaries receiving methadone for the treatment of opioid addiction may need pain medication in conjunction with their addiction treatment. Opioid analgesics as prescribed for pain by the beneficiaries' primary care physician can be used; they are not a reason to detox the client to a drug-free state. The methadone used in treating the opioid addiction does not replace the need for the pain medication. On-going coordination between the OTP physician and the prescribing practitioner is required.

Enrollment Criteria

Decisions to enroll a beneficiary for methadone maintenance must be medically necessary as defined by a LOC determination using all six dimensions of the ASAM Patient Placement Criteria; and have an initial diagnostic impression of opioid dependency of one-year duration based on the current DSM criteria.

A beneficiary under 18 years of age is required to have had at least two documented unsuccessful attempts at short-term detoxification and/or drug-free treatment within a 12-month period to be eligible for maintenance treatment with the exception of a pregnant woman for which detox is not recommended. No beneficiary under 18 years of age may be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult designated by the State Methadone Authority consents in writing to such treatment. 42CFR Subpart 8.12 (e) (2).

Consistent with the LOC determination, beneficiaries requesting methadone must be provided with all appropriate options for substance abuse treatment such as OTP with various providers and non-OTP options such as methadone-free outpatient or intensive outpatient or residential.

Admission procedures require a physical examination. This examination must include a medical assessment to confirm the current DSM diagnostic impression of opioid dependency of at least one year that was secured during the screening process. The physician also has the option to determine that the beneficiary would be best served by initially attempting substance abuse treatment without methadone.

Beneficiaries must be informed that all of the following are required:

1) daily attendance at the clinic is necessary for dosing (with the possible exception of Sundays and holidays),
2) mandatory attendance at counseling sessions
3) toxicology testing is conducted.

OTPs must request the beneficiaries provide a complete list of all prescribed medications. Legally prescribed drugs including controlled substances must not be considered as illicit substances provided the OTP has documentation the drug(s) was prescribed for the beneficiary. At a minimum there must be a copy of the prescription label or receipt and it must be included in the beneficiary's chart.

The importance of disclosing the names, for the purposes of coordination of care, of all prescribing physicians, treating physicians, dentists, and any other health care provider over the past year must be explained to the beneficiary by OTP personnel. OTPs must also make a good faith effort to obtain the necessary releases. If a beneficiary is unwilling to provide this information, the OTP must include a statement to this effect signed by the beneficiary in the beneficiary's file. OTPs must advise beneficiaries to include methadone when providing a list of medications to their healthcare providers. Any lack of coordination between the OTP physician and the prescribing practitioners must be taken into consideration when determining the beneficiary's eligibility for off-site dosing as well as continuing to receive methadone services

Treatment and Continued Enrollment

Beneficiary needs and rate of progress vary from person to person and as such, treatment must be individualized and treatment plans based on the needs and goals of the beneficiary.

It is expected that the majority of beneficiaries receiving methadone will have met their treatment goals in two years. This time frame should not restrict access to ongoing methadone treatment for those beneficiaries for whom detoxification is medically contraindicated.

Substance abuse treatment without the use of methadone is recommended whenever compatible with medical necessity criteria for beneficiaries who have been treated and subsequently detoxified from methadone maintenance treatment within the past six months.

Compliance with dosing requirements or attendance at counseling sessions alone is not sufficient to continue enrollment. Reviews to determine continued eligibility for OTP services must occur every 6 months. Treatment shall not exceed two years unless all of the following criteria are met:

1) applicable ASAM criteria are met;
2) the beneficiary provides evidence of willingness to participate in treatment; and
3) there is evidence of progress;
4) documentation of medical necessity,
5) is recommended by the OTP physician.

Treatment plans must be individualized, reflect all dimensions of the ASAM Patient Placement Criteria and be developed with the full and active participation of the beneficiary. All substances of abuse, including alcohol, must be included in the treatment plan. Treatment plans and notes are expected to reflect the clinical status of the beneficiaries, such as compliance contracts initiated, extra sessions or specialized groups provided, and off-site dosing privileges rescinded or reduced. The funding authority may, at its discretion, require its approval of initial and/or continuing treatment plans.

Special Requirements for Pregnant Women

Pregnant women requesting or seeking treatment are considered urgent requests and must be screened and referred within 24 hours. Pregnant beneficiaries, regardless of age, length of opioid dependency, or who have a documented history of opioid addiction and are likely to return to opioid addiction, may be admitted to an OTP provided the pregnancy is certified by the OTP physician; and he/she finds treatment to be justified. For pregnant beneficiaries, evidence of current physiological dependence is not necessary. Pregnant opioid dependent beneficiaries must be referred for prenatal care and other services and supports as may be necessary.

OTPs must obtain informed consent from pregnant women, or any women admitted to methadone treatment who may become pregnant stating that they will not knowingly put themselves and their fetus in jeopardy by voluntarily leaving the OTP against medical advice. For a beneficiary under 18 years of age, a parent, legal guardian, or responsible adult designated by the State Methadone Authority must consent in writing. A copy of the signed informed consent statement must be placed in the beneficiary's clinical record. This signed consent is in addition to the general consent that is signed by all beneficiaries receiving methadone and filed in their clinical records.

Because methadone and opiate withdrawal are not recommended during pregnancy due to increased risk to the fetus, the OTP shall not discharge pregnant women without making documented attempts to facilitate referral for continued substance abuse treatment with another provider. Documented attempts through referral and follow-up must also be made to assure or maintain prenatal care.

Discharge/Termination Criteria

For beneficiaries who are struggling to meet the objectives in his/her individual treatment plans, OTP medical and clinical staff must review, with the beneficiary, the course of treatment and make adjustments. Examples of such adjustments are changing the methadone dosage, increasing the length or number of counseling sessions, incorporating specialized cocaine or anxiety specific group sessions, use of compliance contracts, and referring the beneficiary for screening for another LOC.

Beneficiaries must be terminated from methadone services when at least one of the following criteria is met:

1) treatment is completed;
2) there is clinical non-compliance;
3) there is behavioral noncompliance.

As part of the termination process, reduction of the dosage to a medication-free state (tapering) should be expedited within safe and appropriate detoxification medical standards whenever possible.

The OTP must make a referral for the determination of the need for another substance abuse level of care assessment or for placing the beneficiary at another OTP and must follow up on these referrals. The OTP must follow the procedures of the funding authority in making these referrals.

The following are reasons for discharge/termination:

1) Completion of treatment. The OTP duly licensed physician with clinical staff participation must make the decision to discharge the beneficiary. Completion of treatment is determined when the beneficiary has fully or substantially achieved the goals listed in his/her individualized treatment plan and when ASAM Patient Placement Criteria for methadone are no longer met. The methadone treatment discharge date is defined as the date the beneficiary completes detoxification.

2) Clinical noncompliance. A beneficiary's failure to comply with the individualized treatment plan, despite attempts to address such noncompliance, may result in an administrative discharge for clinical noncompliance. Justification for a clinical noncompliance discharge must be documented in the case file. Reasons for such discharge include but are not limited to the following:

   - Treatment goals have not been met within two (2) years of commencement of treatment, unless the five (5) criteria listed under "Treatment and Continued Enrollment" are met.
   - Repeated or continued use of one or more other drugs and/or alcohol that is prohibited in the beneficiary's treatment plan. OTPs must perform toxicology tests for methadone metabolites, cannabinoids and benzodiazepines in addition to those substances required by Administrative Rules of Substance Abuse Services Programs in Michigan R 325.14406. Beneficiaries whose toxicology results do not indicate the presence of methadone metabolites must be considered noncompliant, with the same actions taken as if illicit drugs (including non-prescribed drugs) were detected. Weekly toxicology screening is required for all noncompliant beneficiaries. OTPs must test for alcohol use if 1) prohibited under their individualized treatment plan; or 2) if the beneficiary appears to be using alcohol to a degree that would make dosing unsafe.
   - Failure to attend scheduled individual and/or group counseling sessions, or other clinical activities such as psychiatric or psychological appointments.
   - Other non-compliance with the treatment plan—such as repeated failure to follow through on other treatment plan related referrals.
   - Failure to comply with necessary medical care for a condition diagnosed by a licensed physician (e.g., diabetes, cardiovascular disease, hypertension, tuberculosis, hepatitis, ulcers, seizure disorder) resulting in danger to self or others and/or interfering with the clinical process. Such noncompliance includes, but is not limited to, failure to use medications prescribed by a physician; failure to keep physician appointments; failure to attend prescribed treatment sessions; or failure to follow up on referrals for evaluation for a possible medical condition.
   - Failure to submit to toxicology sampling as requested.

3) Behavioral noncompliance. The OTP must work with the beneficiary to explore and implement methods to facilitate behavioral compliance. When such actions do not result in compliance, the OTP may implement an administrative discharge for behavioral noncompliance.

   The commission of acts by the beneficiary that jeopardize the safety and well-being of staff and/or other beneficiaries, or negatively impact the therapeutic environment, is not acceptable and can result in immediate discharge. Such acts include, but not limited to, the following:

   - Possession of a weapon on OTP property.
   - Assaultive behavior against staff and/or other beneficiaries.
   - Threats (verbal or physical) against staff and/or other beneficiaries.
   - Diversion of controlled substances, including methadone.
   - Diversion and/or adulteration of toxicology samples.
   - Possession of a controlled substance with intent to use and/or sell on agency property.
   - Sexual harassment of staff and/or other beneficiaries.
   - Loitering on the clinic property or within a one-block radius of the clinic.

Any action requires that the Medicaid beneficiary receive a notice of "action." (See Medicaid Managed Specialty Supports and Services Contract Attachment 6.3.2.1, Grievance and Appeal Technical Requirement.)